Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001241943)))



H170001241943ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE OCEAN DRIVE MEDIA GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

TIMAY - SIMIL: 17
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

CV

7MAY -9 AM

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren MAY 1 0 2017

PLEASE HONOR ORIGINAL DATE 05-05-17

850-617-6381

5/8/2017 11:47:00 AM PAGE 1/001 Fax Server

PLEASE HONOR ORIGINAL DATE 05-05-17



May 8, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OCEAN DRIVE MEDIA GROUP LLC 901 NORTH GREEN VALLEY PARKWAY SUITE 210 HENDERSON, NV 89074

SUBJECT: OCEAN DRIVE MEDIA GROUP LLC

REF: M08000000415

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is not completely filed out. Please fill in section 5(a) with information now showing on our data base.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H17000124194 Letter Number: 617A00009028

OCCUPENDO I

AM 9:58

€

P.O BOX 6327 - Tallahassec, Florida 32314

Pe

COVER LETTER.

TO:	Registration Section Division of Corporations				
SUBJI	Ocean Drive Media Group, LLC				
	Name of Limited Liability Company				
Dear S	ir or Madara:				
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the following:			
	Name of Person				
	Firm/Company				
		M. Pr			
	Address				
	City/State and Zip Code				
E	-mail address: (to be used for future annua	al report notification)			
For fur	ther information concerning this matter, p	lease call:			
		_at ()			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314			
	Enclosed is a check for the following a				
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHST	B (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company: Ocean Drive Me	dia Group, LL	C
!. (a)	No change		o Change
, ,	Principal office address of fimited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1/25/2008		8000000415
S.	Date of filing/registration in Florida	4.	Document number
. (a)			
. (4)	Registered Agent and Registered Office shown on the records of Business Filings Incorporated	f the Florida Dep	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Road	ADDRESS)	
	Plantation	33324	
(b)	Enter name of NEW Registered Agent and/or NEW Registered C T Corporation System NEW Registered Office Address:	d Office address	FILED 17 MAY - S AM SECRETARY OF S ALLIANASSEE, FL
	Plantation , FI	33324 🛣	AM II: 17 F STATE FLORIDA
he cha gent w	imited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members cles of organization of the operating agreement of the	f the registero iability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
		Daryl D.	. McDearman, Member
-	tire of a member or authorized representative of a member		Printed or typed name of signee
C T Co	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete the groups of my position as registered agent as providely reflect a change in the registered affice address, I fin writing of this change. To of Registered Agent	ree to act in it e performanc ed for in Cha hereby confi Michael E.	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Ву